

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. -

09/721,220

Confirmation No. 9750

Applicant

Husnain Bajwa, et al.

Filed

November 22, 2000

TC/A.U.

2666

Examiner

Mehra, Inder P.

Docket No.

1012-0001 [UNIP:001]

Customer No.

29395

Mail Stop - Non-Fee Amendment Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

<u>AMENDMENT</u>

Sir:

In response to the Office Action of September 21, 2004, please amend the aboveidentified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 12 of this paper.

CERTIFICATE OF MAILING BY "FIRST CLASS MAIL" Date of Deposit December 21, 2004



PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/121 220

		SMALL EN	OTHER THAN									
			(Column	1)	(Colu	mn 2)	TYPE	\Rightarrow	OR	SMALL	ENTITY	
TOTAL CLAIMS							RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			2 8 minus 20=		. 8		X\$ 9=		OR	X\$18=	144	
INDEPENDENT CLAIMS			6 minus 3 =		3		X40=		OR	X80=	240 ,	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	1094	
) / ci	LAIMS AS A			,	OTHER	·····					
12/27/04 (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	·28	Minus	Q	B	=	X\$ 9=		OR	X\$18=		
ME	Independent	. 9	Minus	··· <u>/</u>	Ö .	=3	X40=		OR	X80=	1000.	
	FIRST PRESE	+135=	-	OR	+270=							
							TOTAL		ا	TOTAL	/ AA @	
							ADDIT. FEE			ADDIT. FEE) 1	
		(Column 1)	1		mn 2) HEST	(Column 3)			1 1		010	}
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	<u>~</u>
MOZ	Total	•	Minus .	••		=	X\$ 9=		OR	X\$18=		COPY
ME	Independent	•	Minus	•••		=	X40=		OR	X80=		Ö
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						405			+270=		AILABLE
							+135= TOTAL		OR	TOTAL	ļ	画
							ADDIT. FEE		OR	ADDIT. FEE	T .	
		(Column 1)			mn 2)	(Column 3)						I
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	I AW
NON	Total	•	Minus	••			X\$ 9=		OR	X\$18=		BEST
ME	Independent	•	Minus	•••		2	X40=		OR	X80=		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										 	Ì
+135= OR +270=												
••	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE TOTAL ADDIT. FEE ADDIT. FEE TOTAL ADDIT. FEE **TOTAL ADDIT. FEE											